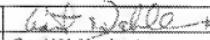


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2006		Application Number	10/045,084-Conf. #2914
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 15, 2002
		First Named Inventor	Takuya SATO
		Examiner Name	K. D. Walker
		Art Unit	1745
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket No.	0171-0811P

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>02-2448</u>		Deposit Account Name	<u>Birch, Stewart, Kolasch & Birch, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEES CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			Small Entity
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description	Small Entity							
Each claim over 20 (including Reissues)	50 25							
Each independent claim over 3 (including Reissues)	200 100							
Multiple dependent claims	360 180							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)		
17	- 39 =	x	=					
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)					
3	- 4 =	x	=					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)				
- 100 =	/50	(round up to a whole number) x	=					
4. OTHER FEE(S)								
Non-English Specification: \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> 120.00								

SUBMITTED BY								
Signature			Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205-8000		
Name (Print/Type)	Gerald M. Murphy, Jr.				Date	February 26, 2007		